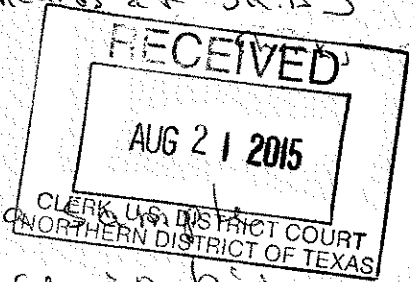


"(State launches review of safety standards at Jails)"

August 18, 2015

4:15-cr-151-0 (08)



I am enclosing just a
of bills and treatment to place in his
JERRY CURRY files.

To inform you of his medical
condition.

The lawyers, Jim Adler and Assoc -
has a huge stack of bills and treatment
for 5 years. He presented them to the judge
at the SSI hearing which is now in appeal.

I want to go on record as informing
you again of his condition.

I am the one who always took him to
the Hospital, Emergency rooms and blood checks
at JPS. He lives with me.

You are now in charge of his medical
issues, I can do nothing now. I am not
responsible at this time.

I have asked for another lawyer
per Jerry Curry, my son.

I get no information.

Annette Curry

Thank you

817.832-5058

Annette Curry
2912 Field Street
Fort Worth TX 76117

one advantage
One Advantage, LLC
f/k/a Firstsource Advantage, LLC
PO BOX 025437
MIAMI, FL 33102-5437
800-645-4382

Client: JPS Health Network
Patient: Jerry Curry
Treatment Date(s): 02/24/15 - 02/24/15
Client Acct. Number: 060001700378
Account Number: 44707676
Balance: \$156.60
Settlement Offer: \$125.28

Office Hours (Eastern Time Zone)
MONDAY - THURSDAY 8:00 A.M. - 7:00 P.M.
FRIDAY 8:00 A.M. - 5:00 P.M.

JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454

We have changed our name from Firstsource Advantage, LLC
to One Advantage, LLC.

The above referenced account has been placed with One Advantage, LLC for collection. In an effort to resolve this matter, our client has authorized us to settle the account for 80% of the balance, provided the full settlement amount is received by us within 45 days of the date of this letter. Simply remit \$125.28 to be received by us by 09/21/15 and your account will be considered settled in full. The offer does not apply to prior payments on your account(s).

One Advantage, LLC reports this creditor's accounts with balances of \$50.00 or greater to one or more credit bureaus. However, if the balance is paid within 45 days from date of this letter, this account will not be reported.

Please send your payment to the remit address shown below. The client account number(s) should be noted on all correspondence and payments to ensure the proper handling and processing of your account. Please call our office at 800-645-4382.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

UNLESS YOU NOTIFY THIS OFFICE WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL ASSUME THIS DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE THAT YOU DISPUTE THE VALIDITY OF THIS DEBT OR ANY PORTION THEREOF, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR OBTAIN A COPY OF A JUDGMENT AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. IF YOU REQUEST THIS OFFICE IN WRITING WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

Page 1 of 2

PARA ESPAÑOL SIGUENTE PAGINA

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

0005662/11335

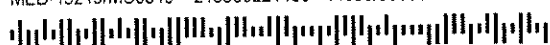
One Advantage, LLC • 7789 NW 48th Street Suite 330 • Doral, FL 33166 MC0319

PO BOX 025437
MIAMI, FL 33102-5437

44707676 IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER		Indicar Tarjeta
Numero de tarjeta		Codigo
Firma		Fecha de Exp
STATEMENT DATE Fecha 08/07/15	PAY THIS AMOUNT Pague esta Cantidad \$125.28	ACCOUNT # La Cuenta # 060001700378
Si estas pagando con tarjeta credito, llene el espacio correspondiente arriba.		SHOW AMOUNT PAID HERE \$

Please check box if below address is contact or residence information for spouse and include changes to reverse side

ADDRESSEE: MED-15219/MC0319- 213530221190 11335/0005662/0025



JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454

REMIT TO:



JPS Health Network
PO Box 916046
Fort Worth, TX 76191



Go Green

Pay Online | Update Info

www.radntx.com

Summary of Service Charges

DATE	PROC CODE	UNITS	DETAILS OF SERVICES	CHARGES	PAY/ ADJ	INSUR. PENDING	PATIENT BALANCE
------	-----------	-------	---------------------	---------	----------	----------------	-----------------

Patient: JERRY CURRY

Referred By: JEFFREY J. LINK
Services Were Provided at: CHS WEATHERFORD REG MEDICAL CTR ER

07-08-15	70450	1	CT HEAD/BRAIN W/O DYE	157.00		0.00	157.00
07-24-15			GUARANTOR RESPONSIBILITY DATE (ChargeID: 12994938)				
07-08-15	72125	1	CT NECK SPINE W/O DYE	199.00		0.00	199.00
07-24-15			GUARANTOR RESPONSIBILITY DATE (ChargeID: 12994939)				
07-08-15	70486	1	CT MAXILLOFACIAL W/O DYE	212.00		0.00	212.00
07-24-15			GUARANTOR RESPONSIBILITY DATE (ChargeID: 12994940)				

Current	31-60 Days	61-90 Days	Over 90 Days
\$568.00	\$0.00	\$0.00	\$0.00

DATE DUE:	BALANCE DUE:
Upon Receipt	\$568.00

RADIOLOGY ASSOCIATES OF NORTH TEXAS
PO BOX 1723
INDIANAPOLIS, IN 46206-1723
877-718-5728

If your insurance has issued payment directly to you, please send us this payment immediately to stop the collection efforts.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Patient Statement For: JERRY L CURRY

Statement Date
08/08/15Account Number
177281-QRATC-RA

STATEMENT
SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



EZ Ways To Pay...

JERRY L CURRY
2912 FIELD ST
HALTOM CITY TX 76117-4454

@ Online
www.radntx.com

Automated Attendant
877.718.5728 (24 hours a day)

For Payments Please Call: 888.965.1678 For Billing Questions Please Call: 877.718.5728

Account Number	Amount Due	Statement Date	Date Due
177281-QRATC-RA	\$568.00	08/08/15	Upon Receipt

STATEMENT

Account Summary

Account Number	177281-QRATC-RA
Patient Payments in Last 30 Days	0.00
Current Statement Balance	568.00
Charges Pending w/ Insurance	0.00
Total Account Balance	568.00

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.radntx.com

PRIMARY

Insurance	JPS SELF PAY
Group/Plan	
ID Number	33262478

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

New & Improved Online Experience



Go Green

www.radntx.com

Pay Online | Update Info

Gain the power to pay your bill or update your information
at your convenience 24 hours a day. This not only
benefits the environment it benefits you and your time!

About Your Statement

Our records indicate there is still an outstanding
balance on this account. You may make a payment
online. If you have insurance and your statement
does not reflect your insurance information or that
the claim has been filed please go online and make
sure we have your correct insurance information. You
can also call our automated phone system 24 hours a
day at the number listed above to make a payment or
update your insurance. Thank you!

See Statement Details on Back

105827-68

RADIOLOGY ASSOCIATES OF NORTH TEXAS
PO BOX 1723
INDIANAPOLIS, IN 46206-1723



Patient Name: JERRY CURRY
Invoice Number: 3692392
Billing Questions: 1.877.718.5728

Amount Due!

STATEMENT DATE	AMOUNT DUE	ACCOUNT NO.
08/08/15	\$568.00	177281-QRATC-RA

CHARGES AND CREDITS MADE AFTER
STATEMENT DATE WILL APPEAR ON
NEXT STATEMENT.

SHOW AMOUNT
PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

RADIOLOGY ASSOCIATES OF NORTH TEXAS
PO BOX 1723
INDIANAPOLIS, IN 46206-1723



03692392000568000000000177281RATC7

Pay Online: www.radntx.com

Questcare Medical Services PA
PO Box 201611
Dallas TX 75320-1611

<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	AMOUNT
STATEMENT DATE 06/08/2015	ACCOUNT # N000321871
PAY THIS AMOUNT \$425.00	



AMOUNT PAID

Office Hours: 8:00am - 5:00pm CST
Phone: 972/758-3598 Toll Free: 866/728-4816

Visit our Website to Pay by Credit Card Online
<https://qc37.qmacsmso.com>

QMACS037

MAKE CHECK PAYABLE & REMIT TO:

201 1 AV 0.391 *2 00201



JERRY L CURRY
2912 Field St

+ Haltom City TX 76117-4454



Questcare Medical Services PA
PO Box 201611
Dallas TX 75320-1611

QMACS037-0427845-0000201-4675488-001-000614-#000235-0006

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
USING THE RETURN ENVELOPE ENCLOSED

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ABOVE.

DATE	PATIENT	DESCRIPTION OF SERVICES	CHARGE	PAY/ADJ	BALANCE
05/14/15	JERRY L CURRY	SELMAN DO ED VISIT; MOD COMPLEX Visit Totals	\$425.00 \$425.00	\$0.00	\$425.00

A discount of 75% is available to patients with no insurance who pay the balance in full within 60 days.

Please call our office or visit us online to pay your balance using discount code 1337950 to take advantage of the discount.

**** If you have insurance information or believe there is an error, contact QMACS at the number below. ****
You are receiving this because you have a co-insurance and/or a deductible due.

*****ATTENTION*** THIS IS YOUR EMERGENCY ROOM PHYSICIAN'S BILL**

Payment Plans Available! 1-866-728-4816

BALANCE DUE: \$425.00

Account Number: N000321871

Statement Date: 06/08/2015

PAYMENT IS EXPECTED WITHIN 2 WEEKS OF THE
STATEMENT DATE. YOUR PROMPT PAYMENT IS
APPRECIATED.

Questcare Medical Services PA
PO Box 201611
Dallas TX 75320-1611

one advantage
One Advantage, LLC
f/k/a Firstsource Advantage, LLC
PO BOX 025437
MIAMI, FL 33102-5437
800-645-4382

Statement Date: 06/08/15
Client: JPS Health Network
Patient: Jerry Curry
Treatment Date(s): 12/23/14 - 12/23/14
Client Acct. Number: 060001440025
Account Number: 44613060
Balance: \$156.60
Settlement Offer: \$125.28

Office Hours (Eastern Time Zone)
MONDAY - THURSDAY 8:00 A.M. - 7:00 P.M.
FRIDAY 8:00 A.M. - 5:00 P.M.

JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454

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Page 1 of 2

PARA ESPAÑOL SIGUENTE PAGINA

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

0006631/13279

One Advantage, LLC • 7789 NW 48th Street Suite 330 • Doral, FL 33166 MC0319

PO BOX 025437
MIAMI, FL 33102-5437

44613060 IF PAYING BY CREDIT CARD, FILL OUT BELOW.		
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> DISCOVER		
Numero de tarjeta		Codigo
Firma		Fecha de Exp
STATEMENT DATE Fecha 06/08/15	PAID THIS AMOUNT Pague esta Cantidad \$125.28	ACCOUNT # La Cuenta # 060001440025
Si estas pagando con tarjeta credito, llene el espacio correspondiente arriba.		
SHOW AMOUNT PAID HERE		

MED-15159/MC0319- 213522948115 13279/0006631/0032

JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454

JPS Health Network
PO Box 916046
Fort Worth, TX 76191

MC0319



July 15, 2015

EOS CCA
700 LONGWATER DRIVE
NORWELL, MA 02061

Office Hours:

Monday - Thursday: 8:00 AM - 9:00 PM ET
Friday: 8:00 AM - 5:00 PM ET
Saturday: 8:00 AM - 12:00 PM ET

Toll Free : 1-800-256-3376

Phone Number: 1-585-256-6060

NOTICE OF COLLECTION PLACEMENT**RE:**Your Account with our Client: **JPS HEALTH NETWORK**Client Reference #: **060000977933**Agency Account #: **13376676**

Service Provider, if different from Client:

Patient: **Jerry Curry**Date of Service for the Principal charge: **08/26/14**

Principal: \$ 4412.00
Interest: \$ 0.00
Fees/Coll Costs: \$ 0.00
Other Accounts: \$ 0.00
Total Due: \$ 4412.00

The amount due represents an overdue balance for medical services rendered by the provider noted above. This is a demand for payment of your debt. We urge you to remit payment to our office, unless you dispute this debt.

If you believe your insurance is responsible for the balance noted, please complete the insurance information on the reverse side of this notice and return the entire notice to us in the enclosed envelope.

If mailing your payment, please detach the coupon below and include with your payment in the enclosed envelope. Please complete the reverse side of the coupon if you wish to pay your bill with your credit card by mail.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

We may report information about your account to credit bureaus.

To make a payment by touch tone phone, on the web or by credit card, please see reverse side.

Si usted necesita hablar con un representante en español, por favor llamemos al 1-800-256-3376.

PLEASE SEE REVERSE SIDE FOR IMPORTANT RIGHTS

DAL-13376676-19-071515-304-GEN-00758-

✂ Detach Bottom Portion And Return With Payment ✂

PO BOX 981002
BOSTON, MA 02298-1002



FORWARD SERVICE REQUESTED

Account # :
13376676

Client Reference # :
060000977933

Total Due :
\$4412.00

Client : **JPS HEALTH NETWORK**

PERSONAL & CONFIDENTIAL
00758



JERRY CURRY
2912 FIELD ST
HALTOM CITY TX 76117-4454

**MAIL ALL PAYMENTS AND CORRESPONDENCE TO:**

EOS CCA
PO BOX 981025
BOSTON, MA 02298-1025



July 10, 2015

070- CS7000 16312
 Jerry Curry
 2912 Field St
 Haltom City, TX 76117-4454

**CREDITOR DETAIL / Detalles de el acreedor****JPS Health Network**

You may call Customer Service: 817-920-6704
Office Hours: Monday - Friday 8:00 am - 4:00 pm

GUAR ID# 510626386

PAST DUE AMOUNT:
BALANCE ATRASADO: \$156.60

Dear Jerry Curry:

After repeated attempts to encourage you to pay your long overdue account with JPS Health Network, there is still an outstanding balance. This is our final letter. Computer Credit, Inc. is a debt collector and a member of ACA International, the Association of Credit and Collection Professionals. Any information obtained as a result of this notice will be used for the purpose of attempting to collect this debt. We expect payment of the amount due stated above.

Después de varios intentos de pedirle que pague su deuda muy atrasada con JPS Health Network, aún hay un saldo pendiente. Este es nuestro aviso final. Computer Credit, Inc. es una agencia de cobro de deudas y miembro de ACA International, la Asociación de Profesionales de Credito y Cobranzas. Esperamos que usted pague la cantidad atrasada que esta indicada arriba.

C. Jordan
 Director of Operations

Partial payments will not stop the collection process. You may call the creditor to discuss financial arrangements.

Los pagos parciales no detienen el proceso de cobranza. Usted puede llamar al acreedor para consultar acerca de opciones de convenios de pago.



To pay securely
www.informationcci.com OR
 Para pagar de manera segura



Toll free: 1-855-SELPAY
 (1-855-735-3729)



Reference Number
 7868 3105 5640
 Numero de referencia

Return this portion with your payment
Regrese esta parte con su pago

IF PAYING BY CREDIT CARD, PLEASE FILL OUT BELOW

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER
CARD NUMBER		EXP DATE
SECURITY CODE		AMOUNT
SIGNATURE		
PRINT CARDHOLDER'S NAME		
BILLING ADDRESS		BILLING ZIP CODE

SI PAGA CON TARJETA DE CREDITO, POR FAVOR LLENE AQUI

GUARANTOR Jerry Curry
 PATIENT Jerry Curry
 GUAR ID# 510626386
 AMOUNT DUE \$156.60

You may make check payable to:
Usted puede hacer el cheque a nombre de:

JPS Health Network
PO Box 916046
Ft. Worth, TX 76191-6046



Computer Credit, Inc.
 0786831056

57000 Z+16312 16312

Questcare Medical Services PA

PO Box 201611

Dallas TX 75320-1611

<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
CARD NUMBER	SECURITY CODE
NAME ON CARD (PLEASE PRINT)	EXP. DATE
SIGNATURE	AMOUNT
STATEMENT DATE 07/09/2015	ACCOUNT # N000321871
PAY THIS AMOUNT \$425.00	

Office Phone: 972/758-3598

Toll Free: 866/728-4816

Visit our Website to Pay by Credit Card Online
www.qmacsmso.com

Amount Remitted: _____

980 1 AV 0.391 *5



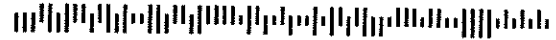
00980



JERRY L CURRY

2912 Field St

+ Haltom City TX 76117-4454



Questcare Medical Services PA

PO Box 201611

Dallas TX 75320-1611

QMACS137-0431808-0000980-4736895-001-000365-#001045-0015

PLEASE RETURN TOP PORTION WITH PAYMENT

Dear JERRY L CURRY:

This correspondence shall serve as FORMAL NOTICE to you that your account N000321871 with us is delinquent.

The balance of \$425.00 for the Emergency Room Physician/Provider's services is your responsibility.

Please remit payment in full for \$425.00 before further collection activities occur.

It is imperative that you resolve this matter. If you believe there has been an error, or misunderstanding concerning this overdue amount, please call our office immediately at 972/758-3598.

If we do not hear from you within 10 (TEN) days, your account may be sent to an outside collection agency.

Questcare Medical Services PA

Office Phone: 972/758-3598
 Toll Free: 866/728-4816
 Office Hours: 8:00am - 5:00pm CST

Account Code: QMACS137
 Account #: N000321871
 Amount Due: \$425.00



Centered in Care
Powered by Pride

Date	Description	Charges	Pmts/Adjs	Patient Balance
Acct #60002143395	Curry, Jerry			
Outpatient				
JPS FAMILY HEALTH				
Cefaretti, Michelle				
Jun 08, 2016	Laboratory	81.00		
	Total Patient Adjustments		32.40	
	Totals	81.00	32.40	\$48.60
	Patient Balance			\$48.60

* Indicates the account is on a payment plan



Centered in Care
Powered by Pride

Account Information	
Statement Date	07/19/15
Account ID	510626386
Total Charges	81.00
Insurance Payments/Adjustments	0.00
Patient Payments/Adjustments	-32.40
Patients Total Balance	\$48.60
Amount Due By 08/13/15	\$48.60

Thank you for choosing JPS Health Network!

Pay by Mail



Complete the form below and return in the enclosed envelope.

Pay by Phone



Call (817) 920-6704
8:00 am to 4:00 pm Monday through Friday.

Pay Your Bill Online

my
JPS **chart**

To conveniently make payments, schedule appointments, view test results, and more!

<https://jpsmychart.jpshealth.org/jpsmychart/>

Activation code:

Need an activate code? Please contact customer service.



Detach the bottom portion to return with your payment.

[] My address or insurance information has changed. (See back)



JPS Health Network
PO Box 901064
Fort Worth, Texas 76101-2064



Card Type (Circle)

VISA



DISCOVER

Card #	EXP Date:
Signature:	Amount \$
Account # 510626386	Statement Date: 07/19/15
Patient Name: Curry, Jerry	Amount Enclosed \$



JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454



JPS Health Network
PO Box 916046
Fort Worth, Texas 76191-6046



Centered in Care
Powered by Pride

Account Information	
Statement Date	04/30/15
Account ID	510214042
Total Charges	1,414.00
Insurance Payments/Adjustments	0.00
Patient Payments/Adjustments	-565.60
Patients Total Balance	\$848.40
Amount Due By 05/25/15	\$848.40

Thank you for choosing JPS Health Network!

Pay by Mail



Complete the form below and return in the enclosed envelope.

Pay by Phone



Call (817) 920-6704
8:00 am to 4:00 pm Monday through Friday.

Pay Your Bill Online

my
JPS chart

To conveniently make payments, schedule appointments, view test results, and more!

<https://jpsmychart.jpshealth.org/jpsmychart/>

Activation code: FMKE2-YXGD2

Need an activate code? Please contact customer service.



Detach the bottom portion to return with your payment.

firstsourceFirstsource Advantage, LLC
PO BOX 025437
MIAMI, FL 33102-5437
800-645-4382

(Firstsource Advantage, LLC is not affiliated with 1st Source Bank)

JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454Statement Date: 05/01/15
Client: JPS Health Network
Patient: Jerry Curry
Treatment Date(s): 12/09/14 - 12/09/14
Client Acct. Number: 060001416287
Account Number: 44541090
Balance: \$156.60
Settlement Offer: \$125.28Office Hours (Eastern Time Zone)
MONDAY - THURSDAY 8:00 A.M. - 7:00 P.M.
FRIDAY 8:00 A.M. - 5:00 P.M.

The above referenced account has been placed with Firstsource Advantage, LLC for collection. In an effort to resolve this matter, our client has authorized us to settle the account for 80% of the balance, provided the full settlement amount is received by us within 45 days of the date of this letter. Simply remit \$125.28 to be received by us by 06/15/15 and your account will be considered settled in full. The offer does not apply to prior payments on your account(s).

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PARA ESPAÑOL SIGUENTE PAGINA

Firstsource Advantage, LLC • 7789 NW 48th Street Suite 330 • Doral, FL 33166 MC0319

44541090

PO BOX 025437
MIAMI, FL 33102-5437

Numero de tarjeta

Codigo

Firma

Fecha de Exp.

Fecha
05/01/15Pague esta Cantidad
\$125.28La Cuenta #
060001416287

Si estas pagando con tarjeta credito, llene el espacio correspondiente arriba.

MED-15121/MC0319- 213518688568 21656/0010750/0046

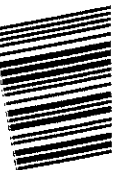
JERRY CURRY
2912 FIELD ST
HALTOM CITY, TX 76117-4454JPS Health Network
PO Box 916046
Fort Worth, TX 76191

Annette Cook
2912 Field Street
Fort Worth, TX 76117

Reed O'Connor
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